Classification

REPORTS INVENTORY

PREPARE IN DUPLICATE

CONTROL NO. feeder report for

DDS/OL/PD-2

1. TITLE OF REPORT (if a fill-in report include Form No.)	2. TYPE OF REPORT		
Cost Reduction		X	STATISTICAL
		X	NARRATIVE
			MACHINE-NAME LISTING

3. FUNCTIONAL AREA		PERSONNEL		TRAINING		ADMIN. GENERAL
	X	LOGISTICS		SECURITY		OTHER (specify)
		MEDICAL		FINANCE		

4. NO. OF COPIES PREPARED	5. FREQUENCY (weekly, monthly, quarterly, etc.)	6. DISTRIBUTION (No. of components not number of copies)
Orig. & 1	Monthly	C/PD & Originating Office

7. FORMAT (memorandum, form computer print-out, etc)	8. ADP PROCESSING		9. DIRECTIVE AUTHORITY REQUIRING REPORT
Typed format		YES	IF YES GIVE ADP PROCESSING NO.	
	X	NO		Division Requirement

10. PREPARING COMPONENT (include lowest level contributing information to report)	11. FEEDER REPORTS (State total number and identify by Title, Form No., or nomenclature. Attach separate sheet if necessary.)
ICS/PD/OL	

12. COST FACTORS

A. MANUAL PREPARATION AND REVIEW COSTS

GRADE	HOURLY RATE	X	HOURS PER REPORT	=	COST PER REPORT	X	TIMES PREPARED	=	COST PER YEAR
GS-6	$ 3.86		3/4 of hr.		$2.91		12		$34.92
GS-15	$12.10		1/4 of hr.		$3.03		12		$36.36

B. COSTS OF COMPUTER PRODUCED REPORTS

TOTAL COSTS PER YEAR	$71.28

13. COMPLETE DETAILED JUSTIFICATION FOR THIS REPORT (in addition to directive or authority cited in item 9). IF KNOWN, INCLUDE DATE REPORT WAS FIRST STARTED AND COMPONENT WHO ESTABLISHED REQUIREMENT.

14. FUTURE GOALS

GOAL PROPOSED BY COMPONENT FOR THIS REPORT

	ESTIMATED SAVINGS	
X RETAIN AS IS OTHER (explain)	MAN-HOURS	DOLLARS
CHANGE		STAT
DISCONTINUE		

16. DATE OF INVENTORY	17. NAME AND TITLE OF PERSON FURNISHING INFORMATION	18. EXTENSION
22 Sept. 19??		

FORM 142
9-70

Classification

(22-36-43)